



A step-by-step guide to completing Athene's Suitability Worksheet

Driven to do more.  **ATHENE**

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This material is provided by Athene Annuity and Life Company (61689) headquartered in West Des Moines, Iowa, which issues annuities in 49 states (excluding NY) and D.C., and Athene Annuity & Life Assurance Company of New York (68039) headquartered in Pearl River, New York, which issues annuities in New York.

When it comes to annuities, "one size does not fit all."

Since no two clients are alike and no two retirement goals are the same, Athene is committed to helping you match your clients with an annuity solution that will help them reach their own unique financial objectives.

An annuity can be a valuable addition to a client's overall portfolio. But it isn't right for everyone. Because it is necessary that your recommendations for the purchase or exchange of an annuity product be suitable for each individual client's circumstances, it is your duty to uncover to the best of your ability any relevant information pertaining to the sale.

Athene provides a **Customer Identification and Suitability Confirmation Worksheet** (form 17341) to assist you with fact finding. This worksheet, available for download on [Athene Connect](#), must be filled out completely and accompany all Athene annuity applications.*

This guide will take you step-by-step through the worksheet in order to help you obtain the most accurate depiction of your clients' financial situation, lifestyle and objectives.

Client satisfaction is our priority. Providing as much detailed information as possible will help make the best possible recommendation for your client and ultimately lead to suitable annuity sales and satisfied customers.

Florida and New York require their own suitability form and product comparison worksheet for applications written in their state. Please remember that it is your obligation to provide a signed and completed copy to each customer by the time of contract delivery.

*Your organization may not use Athene suitability forms. Please check with your back office for guidelines.

Customer Identification and Suitability Confirmation Worksheet

It is important to get a complete picture of your client's financial situation. If additional space is needed, you may attach additional sheets or provide a cover letter of explanation to the worksheet (form 17341)

OWNER AND JOINT OWNER

Please complete these sections as applicable for all contract owners.

FINANCIAL OBJECTIVES

Question A Please select as many sources that are applicable to all contract owners and their household.

Question B At least one box must be selected. More than one box may be selected if there are multiple contract owners.

Question C It's important to understand if the contract owner(s) anticipates any significant changes that may require them to access funds during the Surrender Charge Period. If "yes" is selected, please provide both the dollar amount of the increase/decrease and the timeframe in which that will occur.

Question D This information is needed for all contract owners. "N/A" or "none" are acceptable answers if the contract owner(s) has no prior financial experience. If "Other" is selected, please provide the years for each additional product type listed in your explanation.

Question E This information is needed for all contract owners. If "Aggressive" is selected, please provide an explanation.

Question F Each selection should be consistent with the product being purchased and its features. If "Other" is selected, please provide an explanation.

Question G The timeframe chosen should meet or exceed the contract's Withdrawal Charge Period.

FINANCIAL OBJECTIVES (please answer ALL Financial sections regarding Household Assets)

A. Source of income *Check all that apply.*

<input type="checkbox"/> Household Wages/Salary	<input type="checkbox"/> 401(k)/Pension	<input type="checkbox"/> Social Security
<input type="checkbox"/> Rental Income	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Investment Income
<input type="checkbox"/> Other, If "other," please also specify the type of income _____, the monthly amount received \$ _____, and how long that income is expected to continue _____.		

B. Federal income tax bracket *Check one.* 0% 10% 12% 22% 24% 32% 35% 37%

C. Do you anticipate any significant changes to the following during the surrender charge period of this annuity for the household?

Increase in Living Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, amount of Increase \$ _____, in _____ years
Decrease in Monthly Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, amount of Decrease \$ _____, in _____ years
Decrease in Liquid Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, amount of Decrease \$ _____, in _____ years

D. Indicate in years, how long you have owned or have previously owned each of the following products.

Certificates of Deposit	_____ years	Fixed/Variable Annuity	_____ years
Stocks/Bonds/Mutual Funds	_____ years		
Other	_____ years, please explain _____		

E. What is your general risk tolerance? If Aggressive is Selected, please explain.

Conservative
Moderately conservative
Moderate
Moderately aggressive
Aggressive

Aggressive Explanation _____

F. Why are you purchasing this annuity? *Check all that apply.*

If only purchasing for the enhanced death benefit option and the lifetime income rider is not a need, "Lifetime Income Rider" should not be marked.

<input type="checkbox"/> Accumulation/Growth	<input type="checkbox"/> Tax Deferral	<input type="checkbox"/> Principal Protection	<input type="checkbox"/> Provides Guarantees
<input type="checkbox"/> Lifetime Income Rider <i>Only select if the product offers a Lifetime Income Rider.</i>			
<input type="checkbox"/> Other, please explain _____			

G. How long do you plan to keep this annuity? 0-5 years 6-10 years More than 10 years

SOURCE OF FUNDS

Question H If funds are coming from a replacement source, select all that apply. If "other" is selected, please provide a description for the true source of funds. If no funds are coming from a replacement source, "not applicable" must be selected.

If funds are coming from a non-replacement source and there are penalties associated with the funding source, please complete the table provided. Penalties include processing fees, forfeiture fees and other costs or fees.

Question I If funds are coming from a non-replacement source, select all that apply. If no funds are coming from a non-replacement source, "not applicable" must be selected. If "Other" is selected, please provide a description for the true source of funds.

If checking/savings is selected and Athene will receive \$250,000 or more from that source, please provide a written explanation to describe the origin of those funds.

If funds are transferred from an existing annuity or life insurance policy four months prior to, or 13 months after, the purchase of a new annuity contract, the transaction will be considered a replacement, even if the funds have been placed in another funding source prior to being sent to Athene.

Question J Owning a reverse mortgage does not prevent a client from purchasing an Athene annuity. Athene, however, does not allow financed purchases, including reverse mortgages or home equity loans, to be used as premium to purchase an annuity.

SOURCE OF FUNDS

H. If funds are coming from a replacement source, what is the funding source for this annuity?

Check all that apply. If not applicable, the "not applicable" check box is required to be selected.

- Annuity Life Insurance IRA(Annuity)
 Individual 403(b) (Annuity) Death Benefit Proceeds 457(b) Annuity Not Applicable
 Other, please explain _____

I. If funds are coming from a non-replacement source, what is the funding source for this annuity?

Check all that apply. If not applicable, the "not applicable" check box is required to be selected.

- Checking/Savings Certificates of Deposit Stocks/Bonds/ Mutual Funds IRA(Non-Annuity)
 401(k)/Pension Plan Money Market Group 403(b) (Annuity) Group 403(b) (Mutual Funds)
 Individual 403(b) (Mutual Funds) 457(b) (Mutual Funds) Death Benefit Proceeds Not Applicable
 Other, please explain _____

If the source of funds are from a non-replacement source, are there penalties associated with this funding source? *Penalties include processing fees, forfeiture fees and other costs or fees. If Yes, please complete the table below. Yes No

Company Name	Account Number	*Penalty Amount
		\$
		\$
		\$

J. Is any of the premium intended for this annuity from a reverse mortgage? Yes No

FINANCIAL STATUS

Question K All highlighted questions are required and will result in delays in processing if not completed. If the question does not apply, please place a "0" or "N/A" in the box. Blanks and dashes are not acceptable answers.

All non-highlighted questions are optional and may be used to help when calculating the contract owner's financial information. Athene will not review this information as part of the suitability assessment.

Questions L This should include all assets for the owner and their household excluding primary residence, automobiles and personal property. Personal property examples are: Guns, furniture, appliances, other household items, clothing, jewelry, etc. This should include all liquid non-annuity assets, non-liquid non-annuity assets, liquid annuity assets and liquid non-annuity assets.

Question M Please include total liabilities and debt for the owner and their household (excluding mortgage and automobile debt). If the household has no liabilities or debt, please place a "0" or N/A in the box. Blanks and dashes are not acceptable answers.

Question N Value of question L minus question M. Please double check the math. L minus M should equal the value listed in question N. If it does not, corrections from the customer will be required.

RED FLAG
If the funds to purchase the new annuity, plus the total value of all other existing Athene annuities and non-Athene annuities, represents more than 50% of the contract owner(s)' household net worth, we may require additional information.

RED FLAG
When completing questions K thru Q, please double check your math. Any math errors or inconsistencies may delay processing and be required to be corrected by the customer.

K. HOUSEHOLD ASSETS - THE HIGHLIGHTED AREAS BELOW ARE REQUIRED AND MUST BE COMPLETED			
<i>For required values, DO NOT leave any blanks. If not applicable, must list 0 or N/A.</i>			
Liquid Assets		Non-Liquid Assets	
Checking/Savings	\$	Cash Value of Life Insurance	\$
Money Market	\$	IRA/Qualified Plan/Pension <i>(include B share)</i>	\$
Certificates of Deposit	\$	Real Estate Equity <i>(exclude primary residence/home)</i>	\$
Mutual Funds/Brokerage Accounts <i>(exclude B shares)</i>	\$	Other	\$
Stocks/Bonds	\$	Other	\$
IRA/Qualified Plan/Pension	\$	Other	\$
Other	\$	Other	\$
Annuities out of surrender term <i>(if age 59.5 or above)</i> <i>List 0 or N/A if not applicable</i>	\$_____00	Annuities out of surrender term <i>(if under age 59.5)</i> <i>List 0 or N/A if not applicable</i>	\$_____00
		Annuities in surrender term <i>(for all ages)</i> <i>List 0 or N/A if not applicable</i>	\$_____00
Total Liquid Assets	\$	Total Non-Liquid Assets	\$
			TOTAL
L. Total Household Assets	(Liquid + Non-Liquid Assets)		\$
M. Total Household Liabilities & Debt <i>(excluding mortgage on primary residence and/or automobile debt)</i> <i>List 0 or N/A if not applicable.</i>			\$
N. Total Household Net Worth	(Total of L minus M)		\$

Question O Please list household liquid assets after the annuity purchase(s). Personal property cannot be used as liquid assets.

Questions P - Q Please provide all monthly household income and monthly household expenses.

RED FLAG

For replacements, Question O + Total Household Premium and/or Question O + Annuities in Surrender Term cannot be greater than Question L.

For non-replacements, Annuities in Surrender Term + Total Household Premium + Question O cannot be greater than Question L.

Monthly disposable income is less than \$500 per month

RED FLAG

Questions R - T If the answer to question R is "Yes", please provide the requested information for questions S and T.

O. Total Household Liquid Assets AFTER Annuity Purchase - Athene requires at least 3 months of liquid assets to cover expenses if under the age of 59½ and 6 months of expenses if over the age 59½. For replacements, Question O + Total Household Premium and/or Question O + Annuities in Surrender Term cannot be greater than Question L. For non-replacements, Annuities in Surrender Term + Total Household Premium + Question O cannot be greater than Question L.	\$
P. Total Monthly Household Income - (Ex: Salary, social security payments, pension/retirement benefits, investment and rental income, etc.). Do not include income from unemployment benefits, severance, short-term disability and/or income currently earned on the funds being used to purchase this annuity.	\$
Q. Total Monthly Household Expenses (Ex: Housing, transportation, insurance, food, health care, property taxes and cell phone, etc.)	\$
R. Do you or your spouse/domestic partner have existing Athene annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
S. If question R is "yes", please list contract number(s)	
T. If question R is "yes" and your Spouse/Domestic Partner is the owner, please provide the following information.	
Spouse/Domestic Partner Name	Spouse/Domestic Partner Last 4 of SSN

OWNER(S)' DISCLOSURE

Question A The owner should describe how the annuity will assist in meeting his or her needs and objectives. "None" or "N/A" is not acceptable.

Question B Owner should describe the disadvantages that were discussed with the producer in selecting this annuity. "None" or "N/A" is not acceptable.

OWNER(S)' DISCLOSURE

For CA Only

For residents of and/or applications written in California

- Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the Veterans Aid and Attendance benefit? Yes No
- If yes, are you purchasing this annuity in order to qualify for means-tested government benefit? Yes No
- Do you have a reverse mortgage? Yes No

A. Please describe how the annuity will assist you in meeting your needs and objectives.

.....

B. Please describe the disadvantages you discussed with your producer in selecting this annuity. (n/a or none are not acceptable)

PRODUCER'S CONFIRMATION

Question A Describe how the annuity will assist the owner in meeting his or her needs and objectives. "None" or "N/A" is not acceptable.

Question B Describe the disadvantages discussed with the owner in selecting this annuity. "None" or "N/A" is not acceptable.

PRODUCER'S CONFIRMATION AND ACKNOWLEDGEMENTS

For MA Only

Massachusetts Applications only

1. Have you sold this owner any existing (active) insurance or other financial products? Yes No
If yes, please provide the following information

Product Type	Company Name	Policy or Account Number	Issue Date <small>must follow the format MM/DD/YYYY</small>

A. Please describe how the annuity you recommended will assist the client in meeting his or her needs and objectives.

.....

B. Please describe the disadvantages you discussed with your client in selecting this annuity. *(n/a or none are not acceptable)*

.....

By signing below, I acknowledge and attest that:

- I verified the identity of the owner(s)' and believe the information the owner(s) provided to me regarding his/her/their identity is true and accurate.
- I made a reasonable effort to obtain information from the owner(s) concerning the owner(s)' financial status, tax status, financial objectives, and such other information required or considered reasonably appropriate under the standard of care applicable to this transaction.
- To the best of my knowledge and belief, the information on the form is true and complete, and was obtained prior to the purchase of the annuity.
- Based on the information the owner(s) provided and based on all the circumstances known to me at the time the recommendation was made, I believe I have a reasonable basis to believe the annuity being applied for and (if applicable) the exchange or replacement of an existing annuity or life policy meet the standard of care applicable to this transaction. I further attest I have communicated the basis or bases of my recommendation to the owner(s).
- I attest that the owner(s)' decision to purchase this annuity was based on my recommendation. I further attest I have considered and discussed the advantages and disadvantages of features of this annuity and the transaction as a whole with the owner(s).
- I attest that I have a reasonable basis for belief that the applicant has been informed of various features of the annuity, such as the potential surrender period and surrender charge, potential tax penalty if the consumer sells, exchanges, surrenders or annuitizes the annuity, mortality and expense fees, investment advisory fees, any annual fees, potential charges for and features of riders or other options of the annuity, limitations on interest returns, potential changes in non-guaranteed elements of the annuity, insurance and investment components and market risk, and the transaction.
- I have complied with the standard(s) of care applicable to this transaction, including but not limited to satisfying all care, disclosure, conflict of interest, and documentation obligations required of me by such standard of care in connection with the owner(s) purchase of this annuity, any exchange or replacement of an existing annuity or life policy and my recommendation(s) in relation thereto.
- I agree to maintain the records of the information collected from the owner(s), my recommendation, and the basis for my recommendation consistent with the applicable standard of care, my contractual obligations and Athene's policies and procedures. I understand that any reproduction of the actual document may be used to maintain these records. I further acknowledge and agree to make such records available for review upon request of Athene or by any regulatory body as required.

 Producer's Signature

 Date (MM/DD/YYYY)

Athene specializes in innovative high-value fixed annuities that help meet your clients' long-term financial goals. We see every day as an opportunity to set the bar even higher by providing training and sales support you can count on to grow your business.

A decision to recommend the purchase or exchange of an annuity should be based on a careful analysis of the information gathered from your client. By making sure your clients understand the features, benefits, risks and costs associated with the annuity, you can help ensure customer satisfaction and protect your business.

If you have questions regarding the suitability of an Athene product, please visit the Rules & Guidelines page on [Athene Connect](#) where you can find helpful information and additional tools for writing new business.

You may also contact your Athene sales partners. While we cannot make a suitability determination over the phone, we are happy to discuss each individual case and let you know of any questions or concerns we may have based on the information you share.

Athene Annuity and Life Company (61689), headquartered in West Des Moines, Iowa, and issuing annuities in 49 states (excluding NY) and D.C. is not undertaking to provide investment advice for any individual or in any individual situation, and therefore nothing in this should be read as investment advice.

ATHENE ANNUITIES ARE PRODUCTS OF THE INSURANCE INDUSTRY AND NOT GUARANTEED BY ANY BANK NOR INSURED BY FDIC OR NCUA/NCUSIF. MAY LOSE VALUE. NO BANK/CREDIT UNION GUARANTEE. NOT A DEPOSIT. NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY. MAY ONLY BE OFFERED BY A LICENSED INSURANCE AGENT.

Not for use in FL or NY.



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We are Athene. And we are relentless when it comes to creating an innovative portfolio of fixed annuities to meet your accumulation and retirement income needs.

At Athene, we see every day as a new opportunity to measure ourselves against the best – and then we don't stop until we've set the bar even higher. We stand ready to help you achieve more.